

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

ID ) 567957

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		4				
6		0				
7		0				
8		1				
9		2				
10		2				
11		2				
12		5				
13		5				
14		8				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33	1					
34	1					
35	1					
36	1					
37	4					
38	4					
39	0					
40	1					
41	2					
42	2					
43	3					
44	6					
45	0					
46	0					
47	0					
48	0					
49	0					
50	0					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59		0				
60		0				
61		1				
62		3				
63		3				
64		1				
65		1				
66		2				
67		2				
68		3				
69		3				
70		0				
71		0				
72		0				
73		0				
74		0				
75		0				
76		1				
77		1				
78		1				
79		1				
80		0				
81		0				
82		0				
83		0				
84		0				
85		0				
86		0				
87		0				
88		0				
89		0				
90		0				
91		0				
92		0				
93		0				
94		0				
95		0				
96		0				
97		0				
98		0				
99		0				
100		0				
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	104		←		←	←
TOTAL CLAIMS	112					